

FOR OFFICIAL USE ONLY

FORT GORDON CHRISTMAS PROGRAM APPLICATION

(Proponent: Army Community Service)

INFORMATION REQUIRED BY PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3012. PRINCIPLE PURPOSE: THE PURPOSE OF THIS FORM IS TO GATHER DATA NECESSARY FOR CHRISTMAS HOUSE PROGRAM ASSISTANCE. ROUTINE USE: THE INFORMATION COLLECTED WILL BE USED TO ADVISE CHRISTMAS HOUSE OF APPROVAL/DISAPPROVAL FOR ASSISTANCE AND WILL ACT AS A MEANS OF CONTACTING THE PERSON WHEN NECESSARY. FORMS WILL BE MAINTAINED ON FILE AT THE COMMUNITY LIFE CENTER AND INFORMATION WILL NOT BE DISCLOSED TO UNAUTHORIZED PERSONNEL. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: DISCLOSURE OF THIS INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE REQUESTED INFORMATION WOULD PREVENT ACTION BY THE CHRISTMAS HOUSE ON INDIVIDUAL'S REQUEST FOR ASSISTANCE.

PART I

Service Person's Name (Last, First, MI) Status Rank SSN (Last Four)

1. _____

Unit Duty Phone Home Phone

2. _____

Spouse SSN (Last Four) Spouse Rank/Where employed

3. _____

Where will you be spending the December holiday? ____ Augusta area ____ out of town

MARITAL STATUS:

____ Married/family living with you ____ Single Parent/children living with you

____ Married/family living elsewhere ____ Single Parent/children living elsewhere

____ Married/family living here, service person elsewhere (deployed, unaccompanied tour)

Total number of children____

Age/Sex_____ Age/Sex_____ Age/Sex_____

Age/Sex_____ Age/Sex_____ Age/Sex_____

PART II

INCOME (ATTACH MOST RECENT EOM LES AND SPOUSE'S PAY VOUCHER)	
SERVICEMEMBER'S MONTHLY INCOME	
(AFTER TAXES, ALLOTMENTS, OTHER LES DEDUCTIONS)\$	
SPOUSE'S MONTHLY INCOME	\$
MONTHLY CHILD SUPPORT (YOU RECEIVE)	\$
MONTHLY ALIMONY (YOU RECEIVE)	\$
MONTHLY VA/SS BENEFIT	\$
ALL OTHER MONTHLY INCOME	
(UNEMPLOYMENT, FOOD STAMPS, SSI/WELFARE,ETC) \$	
TOTAL MONTHLY INCOME	\$

PART III

EXPENSES (MONTHLY EXPENSES NOT DEDUCTED ON LES)	
RENT/HOUSE PAYMENT	CHILDCARE
ELECTRICITY	PHONE
GAS	LOAN PAYMENTS
WATER	CHARGE CARDS
CAR PAYMENT	CAR INSURANCE
CHILD SUPPORT (YOU PAY)	CAR EXPENSES
ALIMONY (YOU PAY)	MEDICAL/DENTAL
GARBAGE (WASTE PICK UP)	CLOTHING
LAUNDRY	SAVINGS/INVESTMENTS
ALL OTHER	
TOTAL MONTHLY EXPENSES	\$

PART IV

ADDITIONAL INFORMATION

1. Do you have any discretionary allotments? ____ If yes, please explain what they are for. _____
2. Do you have any loan repayments listed on your LES? ____ If yes, please explain what they are for. _____
3. Have you received assistance from Christmas House in previous years? ____
4. Please explain any unusual circumstances or emergencies that have affected your finances this year.

To the best of my knowledge the above statements are true and correct.

Applicant's
Signature _____ Date _____

TO BE COMPLETED BY UNIT COMMANDER

ID Card verified? Yes___ No___ Pay voucher(s) attached? Yes___ No___

Reviewed by: _____ Phone: _____ Date: _____
(1SG or Co Cdr)

Approved by: _____ Phone: _____ Date: _____
(Battalion Commander or Equivalent)

TO BE COMPLETED BY AGENCY REFERRAL

ID Card verified? Yes___ No___ Pay voucher(s) attached? Yes___ No___

Reviewed by: _____ Phone: _____ Date: _____

Signature: _____

TO BE COMPLETED BY CHRISTMAS HOUSE PERSONNEL

DATE RECEIVED:

DATE REVIEWED:

ACTION TAKEN: APPROVED___ DISAPPROVED___

DISAPPROVAL REASON: _____

Christmas House Application
Instruction Sheet-Applicant

The following guidelines will help to make the application process go smoothly.

1. To be eligible, the military family must be active, retired, National Guard or Reserve. The latter must be on active duty for at least 30 days at the time of application.
2. The application must be **printed** and in **ink**.
3. A copy of the most current end-of-month LES must be attached to the application. If the spouse is working, a copy of the most recent pay voucher should also be attached.
Total family income must be listed.
4. Ensure that allotments are explained.
5. List each child by gender and age. If the child has special needs, please list. If your family is approved for assistance, this information assists us with toy purchases.
6. Application must be signed by applicant, battalion commander or equivalent.
- 7 **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
8. Deadline for submitting applications is 15 November 2009.
9. Families selected will be notified after 3 December.
10. Pick up of food vouchers and toys will take place on 8 and 9 December. The date and time for each unit will be determined by lottery. If neither the Service Member or Family Member can pick up the toys and/or food voucher, a commander from the unit must select the toys and sign the receipt.
11. All applications will be considered. Not all applications will be approved.